

BAYVIEW RETIREMENT HOME APPLICATION

Name of Applicant

Given Name: _____ Initial: _____ Surname: _____

Address
Number _____ Street _____ Apt _____

City/Town _____ Province _____ Postal Code _____

Telephone No _____ Email _____

Marital Status _____ Religious Affiliation _____

Accommodation Type

- Room Short Stay
 Suite (1 bedroom plus living room)

Current Health Information

Health Card No _____ Version Code _____ Birth Date _____

Are you presently diagnosed with an illness/illnesses? YES NO

Have you been medically diagnosed with Dementia? YES NO

Do you receive Community Care Access Center (CCAC) Support? YES NO
If yes, number of hours per week _____

Do you receive private help/assistance? YES NO
If yes, number of hours per week _____

What is your present living status? (living alone, with a family member)

Alternate Contact Information

Contact Name _____ Relationship _____

Contact Address _____

Contact Phone _____ Email _____

I understand that my Physician must complete a medical exam, complete a Mini-mental Assessment with the Wellness Coordinator at Bayview with a result no less than 27. I must also fill out the Bayview medical forms in order to complete my application.

All information retained remains confidential as per Bayview's privacy policy.

Signature of Applicant

Date

**Please return to:
Joanna Liu
General Manager
175 Walnut St Box 328
Waubashene ON
L0K 2C0
bayviewretirement@rogers.com**

For Bayview Office Use Only	
Date Received	Date Approved
Applicant Contacted	Added to Wait List

June 2017